

REQUEST FOR TUBERCULIN PURIFIED PROTEIN DERIVATIVE (PPD)

Mail this request to:

KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT
TUBERCULOSIS CONTROL PROGRAM
1000 SW JACKSON SUITE 210
TOPEKA, KS. 66612-1274
PHONE: (785) 296-5589 FAX: (785) 291-3732

PLEASE TYPE OR PRINT CLEARLY. ILLEGIBLE WRITING MY RESULT IN ERRONEOUS MAILING DESTINATION

FACILITY NAME: _____ DATE: _____

MAILING ADDRESS: _____ PHONE: (____) _____

ATTENTION: _____

Requesting Facility Information

- ☐ City or County Health Department
☐ Other facility with a primary client base identified as at increased risk for tuberculosis.
List high-risk groups to be screened: _____

POLICIES ON THE PROVISION OF TUBERCULIN PURIFIED PROTEIN DERIVATIVE (PPD)

1. No charge may be made to the patient for State furnished PPD, although charges may be made for professional services.
2. KDHE will provide PPD test solution for Mantoux skin testing at no cost upon request to the following entities:
 - a. County Health Departments, for use during case-contact investigation and for screening of high-risk groups, as defined by the CDC, who have no other means of payment. In Kansas, these groups are mostly individuals born in a high-prevalence country and HIV-positive individuals. Routine screening programs targeting non-high-risk categories (e.g., screening of all school children, screening of all children coming to the immunization clinic, etc.), will not be supported, unless previously approved by the Tuberculosis Control Program staff.
 - b. Clinics and other facilities whose *primary* client base is composed of an identified population(s) whose risk for tuberculosis is substantially greater than that of the general population. This may include student health service clinics serving students coming from high prevalence countries.
 - c. All County Health Departments and Clinics using PPD supplied by KDHE must maintain and submit a "State Issue PPD Usage Log".
3. The TB control program will ship PPD directly to qualified facilities (described above). PPD provided as a result of this request is to be used only by the facility identified above and should not be distributed to other entities. *Local health departments receiving requests for PPD from other entities should refer these requests to the TB control program.*

PPD Requested	
Size	Quantity
10-test vial	
50-test vial	

Acceptance of Conditions: I have read the above policies pertaining to the provision of PPD by the State of Kansas and acknowledge that the intended use of the requested PPD is in accordance with those policies.

Signature: _____

Title: _____

11/05/02